

[Insert School/Organization Letterhead]
Special Milk Program Parent Letter

Dear Parent/Guardian:

_____ **[Name of School/Organization]** makes milk available every school day. Students may buy a half pint of milk for **[\$]** cents. Free milk is also available.

1. **Do I need to fill out an application for each child?** No. Complete the Iowa Eligibility Application for your household with all children (except foster children) listed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: [name, address, phone number].**
2. **Is a foster child considered a household of one?** Yes. A foster child is considered a household of one and is not to be included in the foster parents' household application. Each foster child needs its own application.
3. **Who can get free milk?** Children in households getting Food Assistance or Family Investment Program(FIP) and most foster children can get free milk regardless of household income. Also, your children can get free milk if your household income is within the free limits on the Federal Income Chart. If your school/organization participates in the Special Milk Program your child may be eligible for free milk. Schools/organizations that participate in the School Breakfast Program or National School Lunch Program are not eligible to participate in the Special Milk Program.
5. **Can homeless, runaway and migrant children get free milk?** Yes. Please call **[school, homeless liaison, or migrant coordinator]** to see if your child(ren) qualify, if you have not been informed that they will get free milk.
6. **I receive Food Assistance and received a letter from the Department of Human Services; do I need to fill out an application?** No. You need only to complete the form from the Department of Human Services and return it to the school your child will be attending.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but do not include overtime if you get it only sometimes.
8. **Will the information I give be checked?** Yes, we may ask you to send written proof.
9. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Assistance, FIP, or other benefits. If you lose your job, your children may be able to get free milk.
10. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number].**
11. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free milk.
12. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) that share income and expenses. You must include yourself and all children who live with you.
13. **I get WIC. Can my child(ren) get free milk?** Children in households participating in WIC may be eligible for free milk. Please fill out an application.

14. **We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income. There are currently no active Military Housing Projects in Iowa. For a listing of the Military Housing Projects by state visit the following web site: <http://www.acq.osd.mil/housing/mhpi.htm>.
15. **What other benefits might I be eligible for?** Your child may be eligible for other benefits including **hawk-i** (children's health insurance) or for a waiver of school fees. Read the information on the back of the Iowa Eligibility Application for **hawk-i** information. A school fee waiver form is available from your school.
16. **Can children with disabilities get food substitutions?** If a child has a disability, as determined by a licensed physician, and the disability prevents the child from drinking milk, the school will make substitutions prescribed by the licensed physician. If a substitution is needed, there will be no extra charge for the beverage. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.

If you have other questions or need help, call [phone number].

Si necesita ayuda, por favor llame al teléfono: [phone number].

Si vous voudriez d'aide, contactez nous au numero: [phone number].

Household Size	Federal Income Chart				
	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	18,130	1,511	756	698	349
2	24,420	2,035	1,018	940	470
3	30,710	2,560	1,280	1,182	591
4	37,000	3,084	1,542	1,424	712
5	43,290	3,608	1,804	1,665	833
6	49,580	4,132	2,066	1,907	954
7	55,870	4,656	2,328	2,149	1,075
8	62,160	5,180	2,590	2,391	1,196
For each additional person:	+6,290	+525	+263	+242	+121

Households: Your children **may** qualify for free milk if your household income falls below the limits on this chart.

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free milk. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or if you list a Food Assistance number, or Family Investment Program number, or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free milk. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to **USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410**, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Instructions for Completing Iowa Eligibility Application

Complete both sides of one application per household. Each foster child is a household of one.

Part 1. All applicants should complete this part. This application may be used to apply for benefits in school meals or milk programs, children's care centers and home based care for children. Check all boxes that apply to your family. You may make copies of a completed application for each program in which your child participates.

If your household gets **FIP or FOOD ASSISTANCE**, follow these instructions.

Part 2. List the name, date of birth, grade (if applicable), school/Head Start/child care center attended for each child in your household. List the FIP number for each child or the Food Assistance case number for the family. Take these numbers from the notice of decision. Provide racial and ethnic information if you choose. **NOTE: Medicaid and Title XIX numbers are not acceptable.**

Part 3. Skip this section.

Part 4. Read the certification and fill in all the blanks in this section.

If you are applying for a **FOSTER CHILD**, follow these instructions. A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court, and is considered a household of one.

Part 1. Check the box for foster child.

Part 2. List the child's name, date of birth, grade (if applicable), school/Head Start/child care center attended. Use one application for each foster child. Provide racial and ethnic information if you choose.

Part 3. Complete this section only if the child receives money for personal use. A social security number is not required.

Part 4. Read the certification and fill in all the blanks in this section.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions.

Part 2. List the name, date of birth, grade (if applicable), school/Head Start/child care center attended for each child in your household. Provide racial and ethnic information if you choose.

Part 3. Follow these instructions to report total household income from last month.

Name: List the last and first names of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Age: List the age of each household member.

Check if No Income: Put a mark in the box if the household member **does not** have an income.

Gross Income last month and how it was received: Report the amount of income received in the appropriate Gross Income column (weekly, every 2 weeks, twice monthly, or monthly). List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average income.

Other Monthly Income: List the amount each person got last month from welfare, child support, alimony, adoption subsidies, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). In the **All Other Income Last Month** column, include Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, cash withdrawn from savings, investments or trusts, interest and **ANY OTHER INCOME.** Use the Self-Employment Income Worksheet to calculate net income for self-owned businesses, farm, or rental income and report in the All Other Income Last Month column. **Do not report:** Scholarships, educational benefits, lump sum payments, children's incidental income from occasional activities such as babysitting, shoveling snow, or cutting grass. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Social Security Number: If the application is being made on the basis of income, the adult signing the form must also list his or her Social Security number or mark the "I do not have a Social Security number" box.

Part 4. Read the certification and fill in all the blanks in this section.

Iowa Eligibility Application

FFY 06-07

School Year 06-07

Complete one application per household. Each foster child is a household of one.

Part 1. Check all applicable boxes:

- ☐ school meals
☐ special milk (restrictions apply)
☐ foster child (ONE APPLICATION PER CHILD)
- ☐ children in center
☐ tier I home provider (HP)
☐ Head Start/Even Start
- ☐ children in home child care (HP)
 Provider name: _____

Part 2. Children enrolled. REQUIRED OF ALL APPLICANTS. If applicable, list FIP or Food Assistance Case Numbers.

List name(s) of all child(ren) enrolled. Children's Racial and Ethnic identities are optional. Provide one or more if you choose (see code).

Race: A=Asian, B=Black or African American, I=American Indian or Alaska Native,
P=Native Hawaiian or other Pacific Islander, W=White, O=Other

Ethnicity: H=Hispanic or Latino,
N= Non Hispanic or Latino

Last Name	First Name	Middle Name or Initial	Date of Birth	Grade	Race and Ethnicity (Optional)	School/ Head Start/ Child Care Center	FIP Case Number (1 per child)	Food Assistance Case Number (1 per family)
1								
2								
3								
4								
5								

NOTE: REFER TO NOTICES OF DECISION FOR CASE NUMBERS.

Part 3. Total Household Gross Income. DO NOT COMPLETE THIS PART IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2. Report the gross income received by EACH household member in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is amount earned before taxes and other deductions, not take home pay. Report all other monthly income received. Self employed persons, see the work on reverse side

List the names of <u>everyone</u> living in your household, including the children listed in Part 1. Attach a separate page if more space is needed.		Age	Check if NO income	Gross Income: Report income by how often the household member is paid.				Other Monthly Payments or Income		
				Amount paid weekly	Amount paid every 2 weeks	Amount paid twice a month	Amount paid monthly	Welfare Child Support Alimony Adoption Subsidies	Pension, retirement, social security, VA	All other income
Last Name	First Name									
1			<input type="checkbox"/>							
2			<input type="checkbox"/>							
3			<input type="checkbox"/>							
4			<input type="checkbox"/>							
5			<input type="checkbox"/>							
6			<input type="checkbox"/>							
7			<input type="checkbox"/>							

My Social Security Number: _____ - _____ - _____

☐ I do not have a Social Security number.

If Part 3 is completed, the adult signing the form must also list his or her Social Security number or mark the "I do not have a Social Security number" box. Foster parents completing this application for a foster child are not required to provide their social security numbers. For all other applicants, providing social security numbers is voluntary. **See Privacy Act Statement in the parent letter.**

Part 4. Certification and Signature. REQUIRED OF ALL APPLICANTS

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted.

Signature of Adult Completing Form

Printed Name of Adult Completing Form

Date Signed

Address of Adult Completing Form

Town and ZIP

Work Phone

Home/Cell Phone

Part 5. DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.

Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12

Household Income: \$ _____ ☐ Weekly ☐ Every 2 Weeks ☐ Twice Monthly ☐ Monthly ☐ Annually Household Size _____Application Approved: ☐ Income ☐ FIP/Food Assistance ☐ Foster ☐ Automatic Eligibility (CACFP HP only)☐ Temporary Approval (zero income) expires in 45 days on _____ ☐ Homeless/Migrant (Schools only)Eligibility Determination: ☐ Free Meals ☐ Reduced Price ☐ Tier 1 Area (CACFP HP only) ☐ Tier 1 Income (CACFP HP only) ☐ Free MilkApplication Denied: ☐ Incomplete ☐ Over income limits

Determining Official Signature

Effective Date

Confirming Official Signature (Schools only)

Date

Follow-Up Official Signature (Schools only)

Date

hawk-i/Medicaid Information Form

Read this information and **sign if you decide you do not want** your name released to **hawk-i** or Medicaid.

If your children do not have health insurance, you will be interested to know that many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law now allows us to share your free and reduced price meal eligibility information with Medicaid and **hawk-i**, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and **hawk-i** can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the **hawk-i** program. It will not affect your children's eligibility for free and reduced price meals. If you do **NOT** want your information shared with Medicaid or **hawk-i**, you must tell us by completing the information below at the time you complete your free/reduced application. If you want further information, you may call **hawk-i** at 1-800-257-8563.

I DO NOT want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with Medicaid or **hawk-i**. Also, if you are already receiving Medicaid or **hawk-i**, please sign below. This will avoid another contact.

Child's Name: _____ School/Child Care/Head Start Center: _____

Child's Name: _____ School/Child Care/Head Start Center: _____

Child's Name: _____ School/Child Care/Head Start Center: _____

Parent/Guardian Name (Printed) _____ Signature _____ Date _____

Self-Employment Income Worksheet

This worksheet will assist you in calculating the amount to report if you engage in farming, a proprietorship or have income from other sources.

Persons engaged in farming or who operate other types of private businesses where cash flow varies throughout the year, making it impossible to predict monthly income with any accuracy, may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

If you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set earnings from wages or salary. For example, if you operated a business at a net loss but held additional employment for which you received a salary, your income for purposes of applying for free or reduced price meals would be the value of the income from your salary only, since the loss from the business cannot be deducted from the amount of the income earned in the additional employment. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 3 of the application. **The least income possible is zero (no income).**

The necessary and appropriate information for arriving at allowable income from private business operation is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040 in the following manner. Lines 13 and 14 should only be used once if you are engaged in two or more types of business activities.

Farming Income - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 13 - Capital gain or (loss) \$ _____

Line 14 - Other gains or (losses) \$ _____

Line 18 - Farm income or (loss) \$ _____

Total A \$ _____*

Proprietorship Income - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 12 - Business income or (loss) \$ _____

Line 13 - Capital gain or (loss) \$ _____

Line 14 - Other gains or (losses) \$ _____

Total B \$ _____*

Income from Other Sources - Add together the amounts reported in the following lines of your most recent 1040 U.S. Tax Form:

Line 13 - Capital gain or (loss) \$ _____

Line 14 - Other gains or (losses) \$ _____

Line 17 - Rental real estate, royalties, partnerships, S corporations, trusts, etc. \$ _____

Total C \$ _____*

*Total A + Total B + Total C = _____ ÷ 12 = _____

Enter amount in the "All Other Income Last Month" column in Part 3 on the front of Iowa Free and Reduced Price Meal and Free Milk Application.